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Inaugural Dissertation

on

Acute Hepatitis

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A Dissertation
on
Acute Hepatitis

The liver being one of the most important organs in the animal machine, the functions it performs in the economy of, together with the variety and delicacy of structure, render it on many occasions the seat of dangerous and extensive diseases.

This organ like most parts of the human fabric is liable to inflammation under two forms, the acute and chronic. It is to the former of which I shall confine my remarks

Symptoms— Acute hepatitis is ushered in with the ordinary phenomena of pyrexia as chillings or rigors succeeded by flushes of heat fever and increased activity of the circulation. There is also pain in the right hypochondriac region either obtuse, or acute and lancinating with a sense of weight and fulness and an increase of the pain by pressure. The pain generally extends to the right shoulder-blade and is sometimes felt more acutely there than in the diseased viscus itself. All the pain and uneasi-

ness is sometimes felt on the opposite side, owing we are taught to the left lobe of the liver being affected. this takes place more frequently in women than men.

The lungs generally become affected in this disease as is indicated by a short dry cough and difficulty of respiration.

The alimentary canal becomes very early implicated which is manifested by nausea and sickness with vomiting of bilious matter. The bowels are generally inactive and costive and the alvine evacuations are small in quantity and clay coloured showing a deficiency of biliary secretion; or they are harassed with diarrhea and bilious discharges.

Commonly from the commencement of the complaint the fever is high, with a dry hot skin, foul tongue, head-ach great thirst, watchfulness, and occasional delirium. The eyes and skin are of a yellow tinge, the urine deposits a copious lateritious sediment is of a saffron colour and small in quantity.

The liver now becomes swollen and tender so that the patient cannot lie easy on either side but he suffers less pain and uneasiness when he lies on the side affected.

These are the ordinary features of the disease as they are presented in this country. But the disease is varied by climate and situation and is sometimes marked with irregular and anomalous symptoms. Between the tropics it is more rapid in its course running on to suppuration without any premonition or usual symptoms denoting such a termination. The disease in this case is principally congestive with obscure inflammation and is frequently ushered in, in the shape of cholera morbus or bilious discharges downward.

Cases sometimes occur in which there is no pain or uneasiness in the affected part, no sallowness of the skin and little or no disturbance in the vascular system. At other times it puts on the form of pulmonic inflammation or it expends itself on the head inducing agonizing pain, or on the

kidneys or umbilicus or even the calves of the legs amounting almost to paralysis.

Cullen and some other writers explain these differences on the supposition that different portions of the liver are affected. It is said when great difficulty of breathing and cough accompany the disease in the liver, that these symptoms indicate the inflammation to be seated on the convex or superior part; but where the inflammation occupies the concave or inferior surface which lies contiguous to the stomach and bowels there is more sickness and vomiting, and moreover the pain is not so violent in the region of the liver as in the other instance. The symptoms are also modified by the tissue that is affected, whether the inflammation be seated in its peritoneal tunic or in the parenchymatous structure of the organ. When the peritoneal coat is affected the tenderness not unfrequently extends over the whole abdomen; the pain in the liver is acute and lancinating, with a hard, small and corded

pulse and a white furred tongue; it is rarely attended with the yellow tinge of the eye and skin which is a universal concomitant of inflammation of the parenchima. When the parenchema alone is inflamed the pain is obtuse and dull, the pulse is softer and fuller with a brown dry tongue. In most cases however both tissues become involved and the symptoms are so conjoined as not to be distinctly recognised.

The anomalous symptoms are to be ascribed to what are called illusive sympathies

Causes.— Like the other diseases of the class of phlegmasia it is produced by vicissitudes of weather by the partial application of cold or wet to the body when it is heated or over fatigued by violent or unaccustomed exertions, by external injuries as blows or falls on the region of the liver. Injuries of the head have been known to produce abscess in the liver. Intense summer heat long continued intermittent fever, the vast consumption of inebriating liquors particularly ar-

dent spirits, and calculi in the hepatic ducts are the most common causes of inflammation of the liver.

To these are added passions and emotions of the mind. Fear, grief, and the other depressing passions, lessen the secretion of bile, render the skin pale and yellow and check the perspiration. On the other hand, rage and anger it is well known increase the biliary secretion with a corresponding effect on the surface of the body.

Diagnosis. There is little or no difficulty generally in recognising the acute form of hepatitis. The only disease it is apt to be confounded with is pneumonic inflammation yet by accurate observations all doubts will be dissipated. In hepatitis the pain is less acute the dyspnœa less oppressive a gradual inspiration does not augment the pain of hepatitis as it does in pulmonic inflammation, and it is augmented in hepatitis by pressure under

the ribs of the right side. The cough attending pneumonia is at least coeval with the pain, whereas in inflammation of the liver the pain always precedes the pulmonary distress.

There are also peculiarities in the symptoms of hepatitis as pain in the right shoulder-blade yellow colour of the skin and eyes, and the saffron colour of the urine. In the commencement to distinguish it from gastritis is not easy, but after the disease has made some progress, the symptoms are better developed and less obscure.

The gastric irritability and sensibility are not so distressing in hepatitis as they are in gastritis; and the febrile symptoms in the former are not accompanied with the low typhoid type attending the latter.

From spasms of the biliary ducts, occasioned by impacted calculi, hepatitis may readily be distinguished by the strong febrile excitement from the commencement, by the patient preferring to keep his body in a straight quiescent

posture, whereas the greatest possible ease is obtained by bending the body forward on the knees when there is spasms of the hepatic ducts.

Terminations.— The terminations of the acute form of hepatitis are similar to those which take place from inflammation in other parts of the body. It may terminate in resolution, suppuration, gangrene indurations and enlargment or scirhus; the termination in gangrene is however a rare occurrence.

When hepatitis terminates by resolution it is often attended with some critical evacuation. A solution of the disease is often obtained by a hemorrhage from the nose or hemorrhoidal vessels. Sometimes a bilious diarrhea contributes to the same end, or the disease is cured by the intervention of long continued and profuse perspiration; by copious secretion of urine depositing a copious sediment, or by an erysipelatous inflammation appearing on different parts of the body

Nature not relieving herself in either of the ways above mentioned an approaching convalescence may be known by a gradual subidenc of fever and pain, a change of complexion a return of strength, a tranquil state of the stomach, and a general melioration of condition

Treatment.— The liver an important and vascular organ, being in a highly phlogosed condition requires, for its relief, prompt and decisive measures. All the means for removing inflammation should be resorted to by strictly observing the antiphlogistic treatment.

The lancet here is freely used being among other remedies the most effectual. Twenty ounces of blood should be drawn says Dr. Chapman and repeated daily if necessary: in the more vehement forms, less than this will make no decided and salutary impression on the case.

After general bleeding proportioning the quantity which has been drawn to the age and temperament of the patient and the

severity of the case, local bleeding by cups and leeches, and counter irritants by blisters, may with great advantage be used. The leeches are usually applied over the part affected, but it is insisted on by some writers that they prove more serviceable when applied around the verge of the anus. This plan of treatment is confirmed by the advantage derived from the hemorrhoidal flux in hepatitis, which sometimes occurs as a critical discharge. The blister should be applied to the region of the liver, and should the blistered part be inclined to heal up before the desired intension is obtained, a fresh one must be laid on.

In conjunction with the lancet and its auxilliaries, other remedies of importance must not be overlooked. The liver when a state of inflammation has its secretions suspended or much impeded and the biliary ducts become congested. "Unless" says Johnson "we empty the biliary ducts of their viscid and depraved

secretions which are locked up by the general inflammatory state of the organ we run the risk of abscess or chronic disorganization of the viscera.

Purges which make an impression on the liver are here beneficial. Calomel from its specific action on the hepatic apparatus should be prescribed. It is given in large doses at night and purged off next morning with some mild purgative as Epsom salts or calcined magnesia.

Should the disease from extraordinary obstinacy or defective practice prove refractory or run in to the chronic stage, then a mercurial course can only be trusted.

In conducting the patient through a mercurial course in this disease, it will be proper to introduce the mercury gradually: and in order to mitigate pain, and subdue febrile action which will occasionally arise, we shall have to recur in some instances to venesection

and blisters. Concurring in the general treatment the diet should be of the lightest and least nourishing kind, consisting of gruels tapioca arrow root and other mild farinaceous articles.

On no account whatever should animal food be permitted either in broths or otherwise.

The drinks consist of the cooling saline kind, impregnated with acids, avoiding all heating and stimulating liquors, with the free admission of cool air in the apartment.

Such is the treatment pursued in acute hepatitis, and if timely resorted to and vigorously used will generally arrest the inflammation. But it occasionally happens that no plan of treatment will succeed and the disease in defiance of all our endeavours terminates in suppuration. When this process is about to take place we have as premonitory symptoms an increase of pain, with a sense of weight and fulness, and an active full pulse. The process of suppuration being complete, there is cessation of pain or it is

dull and throbbing, accompanied with rigors, exacerbations of fever, hectic flushes and night sweats. Two anomalous symptoms are sometimes met with. – One is an inability to sneeze though the most powerful sternutatories be applied, the other is a loss of motion in the lower extremities which are in a degree paralized.

The pus may be discharged in various ways. If the abscess point toward the diaphragm, there will be cough and other symptoms of pulmonic distress, and if the abscess burst into the cavity of the chest, the pus may be either expectorated and a cure thus affected or the patient will die from suffocation.

If the portion of the abscess which lies contiguous to the stomach, point toward that viscus there will be great gastric irritation, and if the matter pass into it the patient may be exhausted by vomiting. The discharge may take place into the abdomen, and the patient be worn out by hectic fever or destroyed by

peritoneal inflammation; or the abscess may burst into the intestines or travel through the hepatic ducts into the duodenum and the patient recover. In either of the last two cases the pus is discharged by stool.

The abscess frequently points externally and the matter is either discharged through the skin spontaneously or evacuated by the surgeon. When however an abscess points externally and becomes soft, with evident formation of pus it should be evacuated. Lives are often affected when this operation is timely resorted to, but rarely when it is left to break spontaneously.

While the abscess is discharging its contents usually much irritation and considerable debility succeed. To quiet irritation, opiates are proper and the system is to be supported by mild nutritious articles of food and by tonics, especially the nitro-muriatic acid which often proves of the greatest utility when used in the form of a bath.

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Silk Essay